

TRAVEL EXPENSE CLAIM

See Instructions and "Privacy
Statement On Reverse Side"

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STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME John C. Duncan		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Industrial Relations	
POSITION [REDACTED]		CB/D NUMBER		INDEX NUMBER	
BUREAU [REDACTED]		DIVISION OR BUREAU Director's Office		TELEPHONE NUMBER	
CITY [REDACTED]		HEADQUARTERS ADDRESS 455 Golden Gate Avenue, 10th Fl.			
STATE CA		ZIP CODE [REDACTED]		CITY San Francisco,	
				STATE CA	
				ZIP CODE 94102	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS				(6) INCIDENTALS	(7) TRANSPORTATION						(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(A) COST OF TRANS		(B) TYPE USED	(C) CARFARE TOLLS PARKING		(D) PRIVATE CAR USE				
												MILES	AMOUNT			
11	2009															
5	0700 1900	Tiburon to Sacramento, return							PC	P	20.00					
										T	4.00	184	101.20		125.20	
6	0800 1600	Tiburon to SFO, to Palm Springs, return							PC	P	33.00					
									T	C	25.00	58	31.90		89.90	
9	0700 1900	Tiburon to Sacramento, return							PC	P	12.00					
										T	4.00	184	101.20		117.20	
12	1600 2000	San Francisco							PC	P	10.00					
															10.00	
15	1600 2030	Tiburon to Oakland Airport to Orange Co.,	99.73			16.82			PC							
												35	19.25		135.80	
16	0700 1700	Orange Co. to Oakland Airport to Tiburon							PC	P	22.00					
					7.38					T	4.00	35	19.25		52.63	
17	0700 1900	Tiburon to Sacramento, return							PC	P	12.00					
										T	4.00	184	101.20		117.20	
24	0700 1900	Tiburon to Sacramento, return							PC	P	12.00					
										T	4.00	184	101.20		117.20	

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

11/5: meetings in Sacramento; work from DIR Sacramento office

11/6: Keynote presentation to the CA Association of Licensed Security Agencies, Guards & Associates

11/9: I Built It - Youth Kick-off; worked from DIR Sacramento office

11/12: State Compensation Insurance Fund Board meeting

11/15-16: Presentation to the CA

Waste Association

11/17: meetings in Sacramento; work
ed from DIR Sacramento office11/24: meetings in Sacramento; work-
ed from DIR Sacramento office

CALSTARS CODING

FY INDEX OBJ AG PCA #REF! PROJ WP

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

\$0.550

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NO.

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OFFICER APPROVING TRAVEL & PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE